



City of Allentown

APPLICATION FOR ANNUAL LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT

INSTRUCTIONS: Complete both sides of the application. Send the completed application along with the total fee indicated below to the Allentown Health Bureau, Environmental Health Services, 410 City Hall, 435 Hamilton St., Allentown, PA 18101. **A late fee of \$25.00 per month will be charged for overdue licenses.** Make check or money order payable to the City of Allentown, Bureau of Health. **DO NOT SEND CASH.** Call (610) 437-7759 if you have any questions. A license will not be issued until the license application, including reverse, is fully completed and the facility complies with all applicable regulations.

SECTION A - FOOD SERVICE ESTABLISHMENT

- This application is for:
☐ New Establishment ☐ Change of Ownership
☐ Renewal
- Type of Establishment
☐ Sit-down more than 75 seats
☐ Sit-down less than 75 seats
☐ Take-out/Retail Grocery more than 5,000 square feet
☐ Take-out/Retail Grocery less than 5,000 square feet
- Establishment information
Name _____
Address _____

Phone _____
E-mail _____
Fax _____
Operator/Manager _____
Emergency Phone _____

SECTION B - OWNER INFORMATION

- Ownership: Check one; fill in proper line(s).
☐ Sole Proprietor ☐ Partnership ☐ Corporation
a. Sole Prop. Name _____
b. Partners' Names _____
c. Corporation Name _____
d. CEO Name/Title _____
- Owner's Address _____

- Phone () _____
- E-mail _____
- Where should all future correspondence be mailed? Please check one.
☐ Establishment address in Section A
☐ Owner Address in Section B

Application is hereby made for a license to operate a food service establishment. By this application, it is agreed that the establishment will comply with all applicable ordinances and regulations. It is further agreed that said establishment shall be open to inspection by the Allentown Health Bureau. I also understand that the license issued is **NOT TRANSFERABLE**. I hereby certify that I have applied for a sales and use tax license or exemption from the PA Department of Revenue as of the date of this application understanding that any false representation is subject to penalty under 18 PA. C.S. §4903 and 4904.

SIGNATURE _____

TITLE _____

DATE _____

License/Operational Fees

License Fee	
Operational Fee	
Manual Fee	
TOTAL FEE	

FOR HEALTH BUREAU USE ONLY

Amount Rec'd _____ Expiration Date _____
Date Rec'd _____ Approved By _____
License# Issued _____ Date _____

The self-inspection form below must be completed by the applicant and is designed to test your knowledge of correct food-handling and sanitation practices. It **MUST** be completed each time application for a license is made. Circle the appropriate response or fill in the blank.

1. Cold foods must be kept below _____ °F to keep bacterial growth to a minimum.
2. Thermometers in refrigerators shall be checked _____ to make sure the unit is working correctly.
3. Hot food must be kept above _____ °F to keep bacterial growth to a minimum.
4. All reheated foods must reach 165°F before being served. **True or False**
5. Foods in the refrigerator may be covered with a clean cloth. **True or False**
6. Thawing frozen food on the counter is prohibited. **True or False**
7. Placing a large stockpot of hot soup or gravy in the walk-in refrigerator is the best way to cool it rapidly. **True or False**
8. Cooks and waitresses with coughs and colds are not allowed to work in the facility. **True or False**
9. Proper storage of wiping cloths is:
A. in soapy water in the sink
B. in a container of sanitizer
C. on a countertop
10. Hands must be washed between handling raw meat and preparing a sandwich. **True or False**
11. Self-service displays and buffets must be protected by an adequate sneeze guard. **True or False**
12. Cutting boards used for raw meat and poultry must be washed and _____ after each use.
13. What type of sanitizer (chlorine, quaternary ammonium, etc.) is used in your facility?

14. How much chlorine bleach should be added to a gallon of water to make an effective sanitizer for food contact surfaces? _____
15. Dishes and other utensils must be allowed to air-dry and should not be dried with a towel. **True or False**
16. Which of the following is the proper sequence for washing dishware or utensils in a 3-compartment sink?
A. Wash - Sanitize - Rinse
B. Rinse - Wash - Sanitize
C. Wash - Rinse - Sanitize
17. Food service workers are allowed to eat and drink in the kitchen while working. **True or False**

A. PDA Certified Food Service Manager(s):

Name

PDA Cert. No.

B. What are your normal business hours?

C. Trash Hauler _____

Recycling Hauler _____

D. Exterminator _____

E. Do you anticipate remodeling or renovating your facility in the next 12 months? _____

F. Do you expect to purchase any new food service equipment in the next 12 months? _____

REMEMBER: You must contact the Health Bureau for approval before changing your facility or installing any new equipment!